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| MULTIPLE DEPENDENT CLAIM<br>FEE CALCULATION SHEET |          |        |                       |        |                        | Application Number<br><i>10/116,553</i> | Filing Date |   |   |
|---|----------|--------|-----------------------|--------|------------------------|---|-------------|---|---|
|   |          |        |                       |        |                        | Applicant(s)                            |             |   |   |
| * May be used for additional claims or amendments |          |        |                       |        |                        |   |             |   |   |
| CLAIMS  | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |   | *           | * | * |
|   | Indep    | Depend | Indep                 | Depend | Indep                  | Depend                                  |             |   |   |
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| 50  |          |        |                       |        |                        |   |             |   |   |
| Total Indep                                       | 2        |        |                       |        |                        |   |             |   |   |
| Total Depend                                      | 11       |        |                       |        |                        |   |             |   |   |
| Total Claims                                      | 13       |        |                       |        |                        |   |             |   |   |

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